

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Attorney Docket No. 15-IS-5715

#6/a
KW-8
3-13-03

In the Application of:)
)
Silva-Craig et al.)
)
Serial No.: 09/681,471)
) EL 933131003 US
Filed: April 13, 2001) EXPRESS MAIL NO.
)
For: Application Service Provider) January 22, 2003
Based Redundant Archive Services) DATE
for Medical Archives and/or)
Imaging Systems)
)
Examiner: Baoquoc N. To)
)
Group Art Unit: 2172)

AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Examiner:

This Amendment is in response to the Office Action mailed October 23, 2002.

This Amendment is timely because it is being submitted within the three-month period
for response which ends on January 23, 2003.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/681,471
		Filing Date	April 13, 2001
		First Named Inventor	Silva-Craig et al.
		Group Art Unit	2172
		Examiner Name	Baoquoc N. To
		Attorney Docket Number	15-IS-5715
Total Number of Pages in This Submission	10		
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):			
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Signature	<i>Christopher N. George</i>		
Date	January 22, 2003		
CERTIFICATE OF MAILING			
Express Mail No.: EL 933131003 US			
Date: January 22, 2003			
Name (Print/type)	Christopher N. George	Registration No. (Attorney/Agent)	51,728
Signature	<i>Christopher N. George</i>		Date January 22, 2003

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